

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT


<p>1 File Number U <u>7105</u> <u>INITIAL</u> <u>FILING</u></p>	<p>2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u></p>
<p>3 Name and address of person filing</p> <p>Name <u>Richard J. ACCORNERO</u></p> <p>P O Box Bldg Room No if any <u>P.O. Box 540</u></p> <p>Street <u>1511 E. 1st St.</u></p> <p>City <u>CASEYVILLE</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>62432</u></p>	<p>4 Name file number and address of labor organization</p> <p>Name <u>ILL. J.N.A. LOCAL 100</u></p> <p>Labor Organization File Number <u>619-80</u></p> <p>P O Box Building and Room Number if any <u>P.O. Box 540</u></p> <p>Street <u>1511 E. 1st St.</u></p> <p>City <u>CASEYVILLE</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>62432</u></p>
<p>5 Position in labor organization <u>AUDITOR</u></p>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 7-11-05 Date 686692620 Telephone Number

Name of Person Filing <u>Richard Accornero</u>	File Number U <u>INITIAL FILING</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b Approximate dollar value of such dealing <input style="width: 100%;" type="text"/> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12 b Amount <input style="width: 100%;" type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input style="width: 90%;" type="text"/> Trade Name if any <input style="width: 90%;" type="text"/> P O Box Bldg Room No if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14 a Nature of payment <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 14 b Amount of payment <input style="width: 100%;" type="text"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Richard Accornero

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004 I do not have, to the best of my knowledge, any LM-30 reportable transactions I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years